

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937635

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	/	/				
6	/	/				
7	/	/				
8	/	/				
9	/	/				
10	/	/				
11	/	/				
12	/	/				
13	/	/				
14	/	/				
15	/	/				
16	/	/				
17	/	/				
18	/	/				
19	/	/				
20	/	/				
21	/	/				
22	/	/				
23	/	/				
24	/	/				
25			/			
26				/		
27				/		
28				/		
29				/		
30				/		
31			/			
32				/		
33				/		
34				/		
35				/		
36				/		
37				/		
38			/			
39				/		
40				/		
41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47			/			
48				/		
49						
50						
TOTAL IND.	14		1			
TOTAL DEP.	29		20			
TOTAL CLAIMS	43		21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS